| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | RR | 70029 | 1-11-02 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

## INDEX OF CLAIMS

| ✔ | ................................. Rejected | N | ................................. Non-elected |
|---|---|---|---|
| = | ................................. Allowed | I | ................................. Interference |
| — | (Through numeral)... Canceled | A | ................................. Appeal |
| ÷ | ................................. Restricted | O | ................................. Objected |

| Claim Final | Original | Date | | | | | | | | | | Claim Final | Original | Date | | | | | | | | | | Claim Final | Original | Date | | | | | | | | |
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| | 3 | ✔ | | | | | | | | | | | 53 | | | | | | | | | | | | 103 | | | | | | | | | | |
| | 4 | ✔ | | | | | | | | | | | 54 | | | | | | | | | | | | 104 | | | | | | | | | | |
| | 5 | ✔ | | | | | | | | | | | 55 | | | | | | | | | | | | 105 | | | | | | | | | | |
| | 6 | ✔ | | | | | | | | | | | 56 | | | | | | | | | | | | 106 | | | | | | | | | | |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)